			DEPARTME	-NT OF PL	JBLIC HEALTH AND SOCIAL SERV	VICES		
	À	15115			OF ENVIRONMENTAL HEALTH	/1023		
				CHIL	LD CARE FACILITY			
W. Salar					PECTION REPORT			A HOWEN
	ASON	GRADE	Inspection I		ESTABLISHMENT NAME:		=	The state of the s
Regular Follow-Lir	V	4	08/39 Time In/Out		DOC'S KIDDIE COLLEGE	5		
Follow-Up Complain	 	1 7			OWNER/OPERATOR: OUM, KATHERINE 7	Τ.		
Investigat		RATING	- 11:15AM	11:40 AM	LOCATION:	Establish	nment Type:	
Other:		Sanitary Permit No : MANGILAD		MANGILAU	CHLOG	ARE CENTE	FR/NURSBRY	
		A	20000	-170001834	PERMIT STATUS:Valid _		emporary _	Expired
No. of Child			Female _//		Child Care License: No.: 15020 /V/	// Valid /	/ Provisional	l / / Expired
The following items identify violations found this day in the operations and facilities which must be							be corrected	by the next
inspection	or sooner	er as the Dep	partment indic	icates. Non	n-compliance may result in downgrad st be submitted before the indicated o	ding or pe	ermit suspens	sion. To appeal
iTEM*					IARKS			CORRECT BY
	A REGU	LAR, QUI	ARTBRUY	INLIPECT	TION WAS CONDUCTED TODA	m,	m) Ph	1 (7) EN CAS
		•	•		INSPECTION DATED OF SK	',		
							-	
					3 TNO 31), AND THE FOLL	DMING		
	MOLATIC	M WAS	OBSERVE	50 TOO	<u>py</u> :			II
				Ξ	_ = 14			
33	TOLLET	PLOORS	HAVE DI	RT/mui	D AND TOLLET ROOMS ITAN	VE	4	09/28/17
		FOUL 6						
				er .nhai	U BE KEPT CLEAN TO PR	2000	131	THE LESSON
				15 URJU	L'ST KEPI WELLA JUIL	COVO		
	SPICE ITI	O OF GER	RMJ.					
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	POSTEO	"x" PU	ACAKO N	50- 020	42.			
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E	IN SCUSS	לחה חשי	PRINT	- WM	- PIC, CITICA NAVITA.			
	Diagona	6 W 3	NO FOIL	WIIT	FIC, UNIVI NAVIOL			
							 	
-		- = =						
11					<u> </u>			
					on(s) and I am aware of the correct		asures to t	oe taken.
	above, the	ey shall be	ollowing item corrected w		Received By (Name & Title):	The Law	IN D	irector
	10 days	s of this ins	spection:		DEH Inspector (Name & Title):	<u> </u>	1 ,	/
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). LEILANI NAVANUS, EPHI I								